U S Department of Labor V Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From		
1 / 1 / 2004 Through 12 / 31 / 2004		
4 Name file number and address of labor organization		
Name Operating Engineers Local Unior No 3		
Labor Organization File Number 035-651		
P O Box Building and Room Number if any		
Street 1620 South Loop Road		
City Alameda		
State California ZIP Code + 4 94502		
7 a Nature of Interest, Transaction or Income		
7 b Amount.		
ature		
Perjury and other applicable penalties of the law that all of the information ing documents) has been examined by the signatory and is to the best of the strong on penalties in the instructions. On 8-75-05 707 688-3202		
5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Name of Person Filing Michael Johnson	Fil	le Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name Operating Engineers Credit Union				
Trade Name If any	a Labor Organization			
PO Box Bldg Room No If any	b Trust			
Street 250 North Canyons Parkway	Lanced 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
City Livermore				
State California ZIP Code + 4 94551				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Local Union credit u	nion		
Trade Name if any				
PO Box Bldg Room No If any				
Street	11 b Approximate dollar value o	of such dealing	N/A	
City	12 a Nature of interest held of	r income received		
State ZIP Code + 4	Board meeting fee			
			275. ±	
	materia de la constitución de la			
	405 4	· ·	\$1 320	
	12 b Amount		\$1 320]	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bldg Room No If any			wa'r gennad Asharde	
	Take			
Street				
City			•	
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.			